

VEHICLE SELF-INSPECTION REPORT

Inspection Completed By:					Date:	
Vehicle Make:		Model:		Year:		No.:
Beginning Mileage:				Ending Mileage:		
Not OK	OK	Before Starting Engine	Not OK	OK	After Starting Engine	
		Body			Brakes	
		Brake/head/tail/clearance lights			Parking brake	
		Direction signals/emergency flashers (4-way)			Engine/drive train	
		Mirrors (inside and outside)			Gauges (oil/fuel/temp/air)	
		Windows/windshield			Heater/defroster/air conditioner	
		Wheels and tires			Speedometer	
		–Air pressure to manufacturers recommendation			Steering	
		–Minimum of $\frac{3}{16}$ inch tread depth			Transmission	
		–No visible sign of the tire deterioration			Other:	
		Windshield wipers and washers				
		Horn				
		Seat belts (all seating positions)	Remarks:			
		Seats securely fastened to the floor				
		Battery				
		Belts/hoses				
		Fluid levels/leaks				
		Muffler and exhaust system				
		License plate(s)				
		Suspension system				
		Fire extinguisher				
		First aid kit				
		Reflectors/flags/flares				
		Other:				

Condition of above vehicle is Satisfactory Unsatisfactory

Signature: _____